

POSITION	ID NO.	DATE
CLASSIFIER	5	11-29-75
EXAMINER	203	12/15
TYPIST	350	13/100
VERIFIER	322	12/20/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	4/1/94
2	11-7-94
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SYMBOLS

✓	Rejected
✗	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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